



School Principals Increase Annual Oral Health Survey Participation

Hoosiers may be more intently focused on the oral health of school-aged children if the response by school administrators to a request to participate in an oral health survey is any measure.

Of the 109 Hoosier elementary school principals contacted by ISDH's Oral Health Division, 75 have signaled their willingness to participate in the 2002 ISDH oral health survey.

This is a 50 percent increase by school administrators over the 2001 survey response rate, according to State Dental Hygienist Carmine Griffis, who is also ISDH's Oral Health promotions specialist.

In each of the past three years, ISDH's Oral Health Division has contacted randomly selected elementary schools to seek permission to survey parents of all 1st and 3rd graders.

The surveys help ISDH Oral Health keep tabs on the status of oral health care of Indiana's children. Another function of the surveys has been to communicate to parents the importance of protecting their children's teeth.

"We contact superintendents in the school districts selected. Then, after receiving the principal's permission, we prepare materials for each 1st and 3rd grade classroom," Griffis said.

February is National Children's Dental Health Month

In addition to oral health surveys sent to randomly selected schools, the Oral Health Division is mailing posters and activity packets to all of Indiana's public and private school nurses.

The materials have been developed by the American Dental Association, purchased by the Indiana Dental Association, and are being mailed by the Indiana State Department of Health. They may be used in observance of February's National Children's Dental Health Month or anytime throughout the year, according to Carmine Griffis, State Dental Hygienist. The materials are designed to help school nurses to encourage young students to think about appropriate oral health practices.

Packets are also being mailed to all Maternal and Child Health and WIC clinics, local public health department nurses, Head-Start programs, nurse managed clinics, and Community Health Centers.



TOOTHBRUSHES will be distributed with an oral health survey form to 11,000 elementary students. Oral Health staff who prepared and mailed the surveys are (l. to r.) Bill Williams, Eloise Moore, and State Dental Hygienist Carmine Griffis, who directs the project. Photo by Daniel Axler

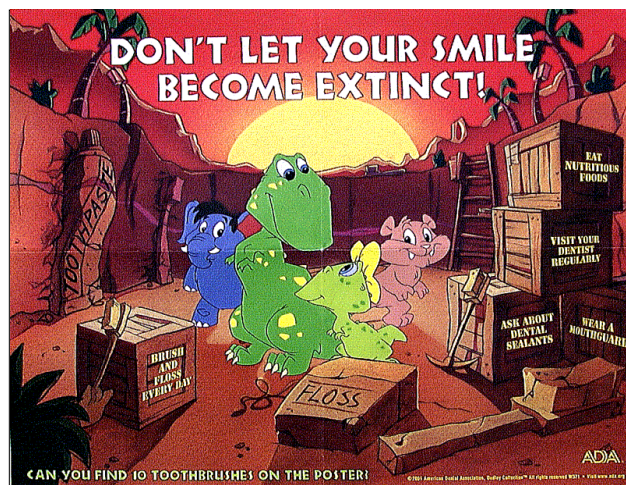
"Last year we surveyed 50 schools, 277 classrooms, and received 6,000 surveys from parents. If all the parents respond to this year's survey, we'll be looking at 11,000 completed survey forms," Griffis said. However, she anticipates a yet-to-be-determined number of parents will not return the completed survey form.

First graders will take home an easy-to-complete, multiple-choice, 12-question survey. It includes questions about dental care history, insurance coverage, barriers preventing dental care, and demographics.

Griffis says that parents of 3rd graders will receive a nine-question sealant questionnaire. The survey will help

document progress on the application of sealants used on molars of children as part of a Healthy Communities 2010 objective to protect the teeth of 50 percent of all 3rd grade children by the year 2010. Last year's survey showed 35.5 percent of Indiana 3rd graders had sealants placed.

The sealants have proven effective in preventing decay by filling pits and fissures on the biting surfaces of permanent molars, Griffis says.



POSTER CRITTERS look for hidden toothbrushes on the 2002 American Dental Association Poster created in observance of National Children's Dental Health Month. The posters were provided by the Indiana Dental Association and mailed by ISDH in information packets to all Indiana elementary school nurses and to numerous public health agencies throughout Indiana.

Osteoporosis Awareness and Testing Grow

Andrea Klemm, Office of Women's Health, will be spending time after Sunday church services this month in Elkhart.

She's been working with Danielle Patterson, Office of Minority Health, who has been contacting black ministers to schedule visits to their churches for the osteoporosis tests that Klemm conducts. Klemm has been performing bone-density tests at the churches to screen for bone loss that may signal the onset of osteoporosis.

"Last month, I performed 34 tests following the two Sunday morning services at the Union Missionary Baptist Church in Muncie," Klemm said. Next month, she'll be visiting South Bend.

Klemm says that Patterson's efforts scheduling events at the African-American churches has made her job easy.

Patterson contacts the ministers to set up the screenings and then goes to the churches on the appointed Sunday, accompanied by Klemm. Patterson says she gives an orientation talk and helps attendees complete the paperwork before referring them to Klemm for the tests.



EMPLOYEE FITNESS DAY ON THE CIRCLE was one of the many 2001 special event venues for bone density tests. Andrea Klemm (center) and Molly Maguire, (far right), both Office of Women's Health staff, team up for the testing. Photo by Daniel Axler

"Most of our tests have been conducted in central Indiana, but we have also visited many rural areas."

Klemm says that in 2000, the Office of Women's Health conducted 940 separate bone density screening tests of women to assess their bone loss and possible need to see a physician. Klemm joined the Office of Women's Health in January 2001. She says she conducted approximately 4,000 tests last year.

ISDH Observes Black History Throughout February

The first successful open-heart surgery. Advancements in blood preservation. The traffic signal. These are just a few of the diverse achievements of African Americans that the Indiana State Department of Health will be acknowledging this month in celebration of Black History Month.

"This month gives us the perfect opportunity to educate people about the lesser-known African Americans who have made valuable contributions to our world that still exist today," said Danielle Patterson, director of the Office of Minority Health.

Throughout February, the Office of Minority Health is e-mailing biographies of selected African Americans to ISDH staff. At the end of the month, Minority Health will sponsor a Black History Quiz for employees, with the prize of a \$25 gift certificate.

"This week, we are honoring leaders in health and science," said Antoniette Holt, Epidemiology Resource Center, who is coordinating the project. The ISDH is recognizing:

- Dr. Charles Drew, for his pioneering work in blood preservation;
- Meredith C. Gourdine, who created more than 70 patents that dealt with thermal management and conversion of gas to electricity;
- Dr. William A. Hinton, for his major contributions in syphilis research;



Charles R. Drew, M.D.
1904-1950

- Dr. Mae C. Jemison, who was the first African-American female astronaut;
- Physicist Katherine G. Johnson, for her work for NASA with tracking teams of manned and unmanned orbital missions;
- Ruth Ella More, who was the first African American to earn a Doctorate in Microbiology;
- Dr. Daniel Hale Williams, who performed the first successful open-heart surgery; and
- J. Ernest Wilkins Jr, who graduated college at age 17 and went on to develop shielding against gamma radiation.



Ruth Ella More
1903-1994

"In Week Two, we will honor African-American inventors like Garret A. Morgan, who developed the traffic signal and the gas mask," said Holt. "In Week Three, we will highlight the social contributions of individuals like Mary McLeod Bethune, who established Bethune-Cookman College."

During the last week in February, the ISDH will pay tribute to nationally known Hoosiers like Woodrow A. Myers, M.D., Indiana's first African-American State Health Commissioner.

"Black History Month is about everyone's history," said Patterson. "Now that we know more about the many great contributions of African Americans, we want to share them."

February is American Heart Month

This is American Heart Month—a good time to consider not only the emotional condition but also the physical condition of your heart.

The American Heart Association says that research has been able to predict the major risk factors of heart and blood vessel (cardiovascular) disease. The Association also identifies other factors associated with the increased risk of cardiovascular disease that are less precisely defined; they're called contributing risk factors.

Heart Disease Risk Factors

The AHA says that some of the risk factors can be modified, treated or controlled, and some cannot. It's not surprising that the more risk factors a person has, the greater the chance he or she has to develop coronary heart disease. Also, a risk factor can be moderate or severe depending upon its level. For example, although a person with total cholesterol greater than 240 mg/dL is considered high-risk, a person with total cholesterol of 300 mg/dL is at even greater risk for coronary heart disease and heart attack.

Risk factors not subject to change include:

- **Increasing age**, which increases the risk of heart problems. Eighty percent of those who die of heart disease are 65 years old or older. Women at similar advanced ages are more likely than men to die from a heart attack.
- **Being male** increases an individual's risk of heart attack at a younger age. Women reaching menopause have increasing rates of heart disease, but still less than men. The death rate from heart attack is greater for men than women.
- **Hereditary factors** can cause a greater probability of heart disease for children of parents with a history of the disease. The risk of high blood pressure for African Americans is greater than Caucasians with a corresponding higher risk of heart disease. Latinos, Native Americans, Native Hawaiians and some Asian Americans also are at higher risk than Caucasians. Some of what appear to be hereditary factors may actually be lifestyle factors emulated by offspring that contribute to risk factors like diabetes and obesity.

Modifiable Risk Factors:

- **Tobacco smoke** for both smokers and others exposed to emission tobacco smoke causes increased risk of heart attack. The rate for smokers is more than twice that of nonsmokers. The biggest risk factor for sudden cardiac death is smoking. It's two to four times higher than for nonsmokers. Cigarette smoking also contributes to the risk of coronary heart disease. Cigar or pipe smoking raises the risk of death from coronary heart disease (and possibly stroke), but their risk isn't as great as cigarette smoking.
- **High blood cholesterol** is affected by age, gender, heredity, and diet. Its rise creates a higher risk of coronary heart disease, which can lead to heart attack. The presence of high blood pressure and tobacco smoke increases the risk even more.

- **High blood pressure** makes the heart work harder, causing the heart to enlarge and weaken. It also increases the risk of stroke, heart attack, kidney failure, and congestive heart failure. When obesity, smoking, high blood cholesterol levels, or diabetes team up with high blood pressure, the risk of heart attack or stroke increases several times.
- **Physical inactivity** is a risk factor for coronary heart disease. Exercise can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure. Even moderate-intensity activities help if done regularly and long term. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. The more vigorous the activity, the greater the benefits.
- **Obese or overweight** people who have excess body fat, especially if a lot of it is in the waist, are more likely to develop heart disease and stroke even without any other risk factors. Excess weight raises blood pressure, blood cholesterol, triglyceride levels, lowers HDL ("good") cholesterol levels, and increases the strain on the heart. It is frequently a precursor to diabetes. It may be difficult for obese and overweight people to lose weight. However, losing 10 to 20 pounds can help lower heart disease risk.
- **Diabetes** greatly increases the risk of developing cardiovascular disease—even when glucose levels are under control. An estimated two-thirds of those with diabetes die of some form of heart or blood vessel disease. Working with a health care provider is important for managing diabetes and other risk factors.

Other Risk Factors:

- **Response to stress** can affect heart health. People under stress may overeat, start smoking, or smoke more than they otherwise would. Learning to manage stress can reduce its effect as a risk factor.
- **Hormone levels** affect blood cholesterol. "Good" cholesterol (HDL) levels are raised by female hormones, but lowered by male hormones.
- **Estrogen depletion** in women seems to increase the risk of heart disease. The rate of heart disease is higher for men at younger ages. After menopause, as a woman's estrogen production decreases, her risk of heart disease increases. A health care provider can offer information about estrogen replacement therapy.
- **Excess alcohol consumption** raises the risk of heart disease. More than one drink for women, or two drinks for men, per day may lead to increased risk.
- **Use of birth control pills** increases the likelihood of blood clots, heart disease and stroke for women who smoke or have high blood pressure, especially for older women beyond 35 years of age.

Respect and Trust Are Seen As Keys to Minority Access to Health Care

Differences in disease and mortality rates between white Americans and those of minority populations is established fact.

Gloria Webster-French, director of the Office of Cultural Diversity and Enrichment, is not alone in thinking that reducing the disparities requires equal access to health care. Barriers to health care access include unemployment, unsafe housing, violence, poor education, and racism, she says.

An atmosphere of trust of medical practitioners by African Americans, Latinos, and Native Americans is also essential for reducing disparities in health care, Webster-French says.

If patients don't trust medical practitioners, they won't present themselves for treatment. To help patients gain respect for their practitioners, Webster-French has offered cultural competence workshops to more than 300 health care professionals during the past 11 months.

According to Webster-French, winning patient trust requires attention to many elements but essentially one attitude—respect.

Webster-French believes that practitioners exhibiting respect take language and cultural values, differing from their own, into consideration. Not doing that can seriously impede communication and understanding between patient and practitioner necessary to sustain an ongoing professional-patient relationship.

For example, treatment can be more effective when a practitioner is aware of culturally related economic conditions like lack of transportation, due to limited income; or a patient's lack of knowledge about preventive health measures, due to limited education; or the patient's inability to communicate in English.

Webster-French says practitioners need to ask questions of patients and encourage patients to ask questions of them. For example, Webster-French says a practitioner needs to know that an Asian patient's lowered gaze is typically a cultural attribute and not a sign of guilt, withholding information, or lack of respect for the practitioner. It is

important for a practitioner to face a patient, even when talking through an interpreter, to demonstrate concern and respect for the patient, Webster-French says.

The Syphilis Study Legacy Committee Final Report of May 20, 1996 also concluded that trust in health care practitioners is one of the keys to dealing with the disparities in health care and mortality between whites and people of color. The report states:

"The historical record makes plain that African-American distrust of the medical profession predates the revelations of the Tuskegee Syphilis Study and involves a myriad of other social and political factors. Nevertheless, the Study has become a powerful symbol for the fear of exploitation in research and the deprivation of adequate medical care that is widespread in the African-American community.

"Recent articles argue that Tuskegee has created a climate of suspicion that taints the relationship between many African Americans and the medical profession.

"The Tuskegee Study is offered as the reason why few blacks participate in research trials, why the need for transplant organs by African Americans widely surpasses the supply, and why African Americans often avoid medical treatment. It is also offered as an

explanation as to why rumors about genocide persist in the African-American community, ranging from the notion that AIDS is a plot to exterminate black people to the idea that needle exchange programs fuel a drug epidemic that disproportionately affects black neighborhoods. For many African-Americans, the fact that the Tuskegee Study occurred at all proves that black life is not valued."

Webster-French believes that President Clinton's apology, combined with a strategy for addressing the damages of the Tuskegee legacy, has begun the process of regaining trust from people of color.

Webster-French's work is one of a number of commitments by the Indiana State Department of Health to help assure minority access to health care. Others include support for the bilingual 800 Indiana Family Helpline, coordination of

the annual Black & Minority Health Fair, and outreach to black ministers.

The Tuskegee Study

The Tuskegee Study, conducted by the U.S. Public Health Service, sought out poor black Georgia farm workers with syphilis. As an experiment, dating from 1932 over a period of 40 years, 399 men were studied. They were told they were being treated for "bad blood," but deliberately not treated, and not told their true diagnosis. The goal of the study was to observe the effects of the progression of the untreated disease. Even after penicillin was discovered as an effective remedy in 1944, it was not administered. During the study, 128 individuals died of the disease or its complications, and wives and infants were also infected, but remained untreated. After a media discovery and widely disseminated story, the experiment finally stopped in 1972. Only then were survivors treated.

Following a 1996 study recommending a government apology to the survivors, President Clinton apologized in April 1997. Ten million dollars were distributed among the survivors shortly thereafter. Knowledge of the study has sustained a legacy of distrust by African Americans and other minorities for the government and the health care professions in general.



Gloria Webster-French
Office of Cultural
Diversity and Enrichment
Photo by D. Axler



Indiana State
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Express

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Local Health Maintenance Funds Are Mainstay for Some Local Health Departments

Local Health Maintenance funds support primary public health functions at many local health departments throughout Indiana, especially in the counties with smaller populations and tax bases, according to Hazel Katter, director of the Local Liaison Office.

The Indiana State Department of Health grants each local health department a minimum of \$20,000 each year, depending on population, to spend on public health functions chosen by the local health department.

"Some counties wouldn't have a public health nurse if it weren't for these funds," Katter said.

The funds have also been used to support home health nursing visits.

"Not all local health departments provide this service, but where it's provided the Local Health Maintenance Funds are often supporting it," she said.

The funds have been used to help with the salaries of local health department environmental engineers for assuring proper waste water treatment and sanitary handling of food by grocery stores and restaurants in the health department's domain.

The Local Health Maintenance Funds have also been used to support vector control—the spraying of bodies of water that are the breeding grounds for mosquitos, which can carry viruses like West Nile.

Katter states that a number of local health departments have spent part of their funds on computers for recording vital records of births and deaths, a function of each county as required by state law.

Purchase of a videotape recorder and health education tapes that are run in patient waiting areas is another use of these funds. Katter says that Ohio County is an example.

"Over the years they've purchased a video recorder followed by the purchase of tapes so that now they have a good health topics video library. They have also used the funds to purchase furniture to store the tapes," she said.

Katter says many local health departments have purchased their fax machine or small copy machine with Local Health Maintenance Funds.

A few health departments—like Pulaski County—have used the funds to purchase safety incentives to ensure on-time completion of immunization series for infants and toddlers. They give away age-appropriate thermometers, electric outlet covers, cabinet locks, and night lights to parents who stay on schedule. One year, the Pulaski County Health Department used

funds to organize a highly publicized *Crews to Lose* community team fitness walking contest. The next year, the department staff went all out to sponsor bicycle safety training for all first graders in all of the county grade schools. They offered bicycles as prizes for the best bicycle safety posters in each of the schools and gave bicycle helmets to each student who made a poster. Local businesses partnered with the health department team to provide the prizes.

National Public Health Week Activities, Events Can Keep the Public Informed

National Public Health Week, April 1-7, is fast approaching. This annual event has been used in recent years by a number of Indiana's local health departments to focus public attention on their activities to promote wellness and to protect the health of the residents in the counties and cities they serve.

Local health departments have scheduled special screenings, health fairs and information exchanges for county residents at shopping centers, malls, or 4-H grounds to observe Public Health Week. Feature stories in Sunday or weekly newspapers enumerate the historic accomplishments of public health and publicize the screenings and other activities offered by the local health departments during Public Health Week.



TIPTON COUNTY HEALTH DEPARTMENT'S 2001 HEALTH FAIR (above) was held in the county's 4-H building.

During the week, local health officers and administrators are often interviewed by local media about how they control disease and what they plan to do to meet health threats, should they arise. Staff responsible for health education or public affairs for their local departments readily admit these activities take advance planning; they don't just happen without extra effort.

Special events have also included proclamations by local officials who have recognized the special week in their city or county by acknowledging the services of local health departments. *NewsLink* is again planning an issue to feature the activities of the local health departments. Staff are encouraged to photograph their special events, with the hope that *NewsLink* can publish them in an upcoming issue.

Tobacco Settlement Funds Provide Health Care Options For Local Health Departments

Many local health departments are using some of their tobacco settlement funds for tobacco prevention and cessation efforts.

Joann Stewart, ISDH Local Liaison Office, says that at least 50 percent of the local health departments are using some of their funds for those purposes.

"However, the local health departments are using the funds in a variety of other important ways as well," said Hazel Katter, director of the Local Liaison Office.

Each local health department has received a share of a \$3 million annual allocation from Indiana's tobacco settlement funds. Settlement payments to Indiana through December 2001 totalled \$293.1 million. The settlement payments to the local health departments are separate from the \$32.5 million annual appropriation for tobacco cessation and prevention activities administered by Indiana's Tobacco Use Prevention and Cessation Executive Board.

According to Katter, the funds allocated to the health departments may be used for virtually any preventive health measure. And some of them are notable—like bi-lingual communication.

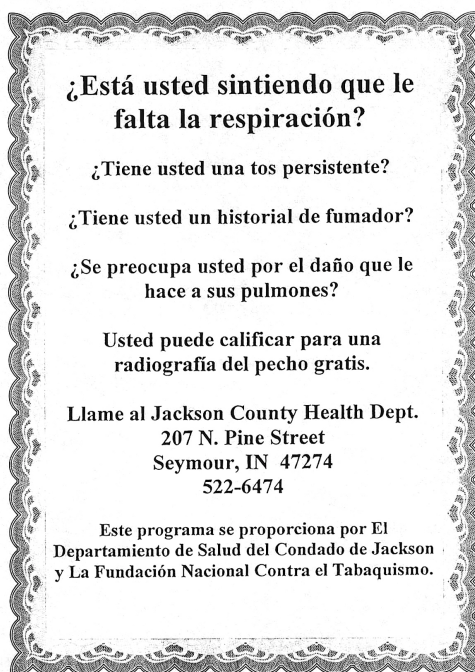
Working with non-English-speaking persons can pose a communication obstacle for health care providers and public health officials.

Good communication is essential to diagnose, treat, and stop outbreaks of disease through timely interviewing.

Communicating with non-English-speaking persons also requires, at a minimum, bi-lingual health care workers or a skilled interpreter.

That's why the Jackson County Health Department has chosen to use some of its tobacco settlement allocation to hire a Spanish-speaking interpreter.

Joann Stewart, who monitors the uses of the tobacco settlement money, says that Jackson County has had an 800 percent increase in its Spanish-speaking population.



"ARE YOU SHORT OF BREATH?" is the title of the Spanish language poster announcing free chest X-rays in Jackson County.

Julie Stelting, Jackson County Health Department's environmental health educator, says that the tobacco settlement funds were used to hire a contract translator on a per-job basis to create Spanish language posters and health brochures for display at a number of the county's "grocerias," which are frequented by the local Spanish-speaking population.

Two new cases of tuberculosis among the Latino population prompted the health department's concern and the creation of the posters, which announced the availability of chest X-rays arranged through the health department.

The health department screens persons for tuberculosis before sending them on to the county hospital for chest X-rays. Settlement funds have been used to purchase hospital X-ray services at a special negotiated rate, Stelting says.

In the event that persons who are diagnosed with tuberculosis cannot otherwise afford treatment, the health department has purchased a supply of antibiotics to treat the disease, also using tobacco settlement funds,

according to Stelting.

The health department's Spanish translator has also been used to assure creation of accurate birth and death records for the health department's vital records archives, copies of which are forwarded to ISDH.

Stelting says that when it comes to food protection issues, a local Spanish-speaking grocer has volunteered services as needed to help deal with foodborne illness issues. The grocer is using a commercially produced Spanish language videotape purchased by the health department, again with settlement funds, to train his Spanish-speaking employees in sanitary food handling practices.

Hazel Katter believes that a use of settlement funds will almost certainly include preparations by local health departments to come into compliance with federal Health Insurance Portability and Accountability Act (HIPAA) requirements to assure security of patient records, especially needed for digital storage and transmission.

One health department purchased biohazard suits as a contingency to deal with either industrial accidents or terrorist acts.

Vitamins and vision and hearing screening instruments have also been purchased with the funds.

— David Pilbrow

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